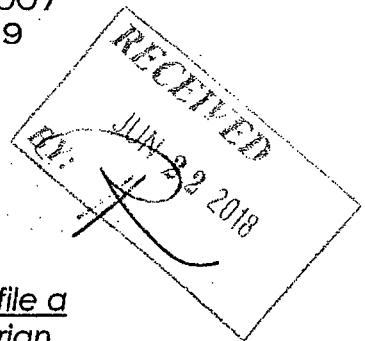


ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD  
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007  
PHONE (602) 364-1PET (1738) FAX (602) 364-1039  
VETBOARD.AZ.GOV



## COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: June 22, 2018 Case Number: 18-124

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Dr Justin McCormick  
Premise Name: Copper Ridge Equine  
Premise Address: 37506 N 11th Avenue  
City: Phoenix State: AZ Zip Code: 85086  
Telephone: (602) 526-8865

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: Ashley Zanardi  
Address: ██████████  
City: ██████████ State: ██████████ Zip Code: ██████████  
Home Telephone: ██████████ Cell Telephone: ██████████

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

**C. PATIENT INFORMATION (1):**

Name: Acesblackgolddrifter

Breed/Species: AQHA Reg# 5088730

Age: 10 Sex: Gelding Color: Black

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_

Breed/Species: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

Please provide the name, address and phone number for each veterinarian.

**E. WITNESS INFORMATION:**

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Veterinarian declined to provide to owner, Ashley Zanardi, the names of witnesses that were present during surgery.

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Ashley Zanardi

Date: 06/22/2018

**F. ALLEGATIONS and/or CONCERNS:**

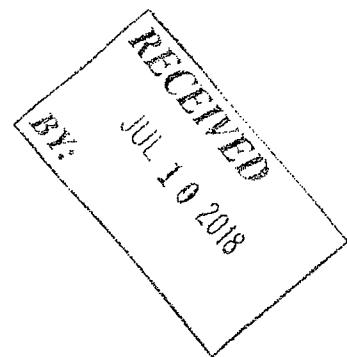
*Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.*

The neglegents of the case is the procedure was done at the veterinarian residents and not at a hospital like we were told. Also, there was no consent signed or documented for the horse to be anesthetized. I was told it would be a low risk procedure with the horse standing.

See attachments;

July 9, 2018

Arizona State Veterinary Medical Examining Board  
1740 West Adams Street, Suite 4600  
Phoenix, Arizona 85007



In re: 18-124 (Justin McCormick, DVM)

To Whom It May Concern:

**History:** The horse, AcesBlackGoldDrifter, initially presented on March 10, 2018 for evaluation of a historical right forelimb lameness and potential palmar digital neurectomy. Previous treatment history was not provided.

**Clinical findings:** 3/5 lameness of the right forelimb. Lameness improved 80% following a palmar digital nerve block. The horse was dropped off at layup facility for surgery on March 13<sup>th</sup>.

**Treatment:** On March 13, 2018, the horse was given pre-operative anti-microbials and anti-inflammatories and sedated with Detomidine 5mg and Butorphanol 5mg intravenous. An abaxial nerve block was performed on the right front leg using 60mg mepivacaine injected subcutaneous per medial and lateral nerve branch. The leg was clipped from the coronary band to mid-cannon bone. The surgery site was prepped with Betadine scrub and alcohol. Several attempts were made to perform the procedure while standing with the limb in flexed position for standing palmar digital neurectomy; however, due to movement and hypersensitivity of the horse the procedure was not able to be performed in the standing position. The horse was sedated a second time with Detomidine 3mg and Butorphanol 2mg intravenous. An additional attempt was made to perform the neurectomy standing but was not possible due to intolerance of the horse. The horse was anesthetized with Ketamine 1g and Diazepam 20mg intravenous and placed in left lateral recumbency. A 3-cm incision was made over the palmar lateral aspect of the second phalanx, the palmar digital nerve was isolated and transected. The medial palmar digital nerve was isolated and transected was previously described. The incisions were closed with skin staples and the leg was bandaged.

The horse was held in lateral recumbency until the presence of nystagmus was resolved. At that time, the horse began an explosive recovery. Despite assistance on the head, he landed in left lateral recumbency with the head hitting the ground. Unfortunately and unexpectedly, the horse expired on impact.

The owner was contacted immediately following the catastrophic recovery and I was completely honest and forthright about what had happened. The owner, Paul Zanardi, was understandably upset but said "he had been in the business for many years and understood things can happen" The tail was removed and the body was submitted for disposal per owner request.

Once a claim for damages was made, the AVMA PLIT was contacted and provided medical history. The AVMA PLIT analysis concluded that the standard of care with regard to the veterinary services provided did not fall below the standard of care. One of the owners then filed this complaint.

In response to the complaint, I wish to point out that the client consented to have the procedure performed in a field setting to keep cost to a minimal. This is not unusual or below the standard of care. As was explained to the owner beforehand, the procedure would be attempted standing; however, if not possible the procedure would be completed under injectable anesthesia. The instructions per the owner were to do whatever need to be done they were "tired of seeing him limp". The procedure was described as low risk but not without any risk whatsoever. Anytime animals of this size are anesthetized, there are certain inherent risks. Obviously, this was an unfortunate event and outcome but was not related to negligence or falling below industry standard.

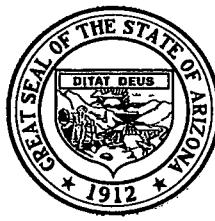
Finally, with regard to the complainant's concern that there was no signed anesthesia consent form, the subject Administrative Regulation in the Arizona Veterinary Practice Act, R3-11-502(H)(1), specifically states that a signed anesthesia consent form is not required for livestock. Further, R3-11-101(15) incorporates by reference the statutory definition of "livestock" found at A.R.S. Section 3-1201(5) and includes horses within the definition and so no signed anesthesia consent form was required for the subject procedure. Also, the owner who verbally authorized the anesthetic procedure was Paul Zanardi and not the complainant Ashley Zanardi.

In closing, I again extend my sympathies to the owners for their loss however; this unfortunate occurrence was not the result of any substandard veterinary care.

Respectfully,

Justin McCormick, DVM

**DOUGLAS A. DUCEY**  
- GOVERNOR -



**VICTORIA WHITMORE**  
- EXECUTIVE DIRECTOR -

## **ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

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### **INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** PM Investigative Committee: Donald Noah, D.V.M. - Chair  
Amrit Rai, D.V.M.  
Adam Almaraz  
Christine Butkiewicz, D.V.M.  
William Hamilton

**STAFF PRESENT:** Tracy A. Riendeau, C.V.T, Investigations  
Michael Raine, Assistant Attorney General

**RE:** Case: 18-124

Complainant(s): Ashley Zanardi

Respondent(s): Justin McCormick, DVM (License: 4932)

#### **SUMMARY:**

Complaint Received at Board Office: 6/22/18

Committee Discussion: 10/2/18

Board IIR: 11/21/18

#### **APPLICABLE STATUTES AND RULES:**

Laws as Amended July 2014

(Salmon); Rules as Revised September 2013 (Yellow)

On March 13, 2018, "Acesblackgolddrifter," a 10-year-old gelded American Quarter Horse underwent a neurectomy procedure. Upon recovery, the horse attempted to stand but fell hitting his head on the ground. The horse died upon impact.

**Complainant was noticed and appeared. Bonnie and Paul Zanardi appeared.**

**Respondent was noticed appeared telephonically. Attorney David Stoll appeared.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: Ashley Zanardi
- Respondent(s) narrative/medical record: Justin McCormick, DVM
- Witness(es) narrative: Desriae Ence, Bayli Gethner, and Hannah Elwood

**PROPOSED 'FINDINGS of FACT':**

1. On March 10, 2018, the horse was presented to Respondent for evaluation of right forelimb lameness and potential palmar digital neurectomy. Diagnostic images were previously taken but were not available during examination. Respondent noted a grade 3/5 lameness of the right forelimb and performed a palmar nerve block to confirm a reasonable improvement following neurectomy (what medication and amount was not documented); the horse improved 80%.
2. Respondent explained the expectations of the neurectomy: 2 – 4 year resolution of lameness, increased risks of rupturing the deep digital flexor tendon, neuroma formation and increased complications with hoof abscesses. An estimate to perform the procedure under anesthesia was \$800, and \$400 to perform the procedure outside the hospital, standing or injectable anesthesia. The horse owner elected to keep costs down and not perform the surgery under general anesthesia within a hospital setting. Respondent explained the procedure could be attempted standing and if unable to be done due to cooperation of the horse, a short down procedure would be necessary. The majority of neurectomy surgeries performed are down under injectable anesthesia to control conditions and perform a thorough job. According to Respondent, Complainant's agent, Paul, understood and agreed to transport the horse to the layup facility so the procedure could be performed on March 13, 2018.
3. On March 13, 2018, the horse was administered the following:
  - a. Flunixin Meglumine 50mg/mL – 10mL IV;
  - b. Procaine Penicillin 20,000IU/mL – 40mL IM;
  - c. Detomidine 10mg/mL – 0.5mL IV; and
  - d. Butorphanol 10mg/mL – 0.5mL.
4. After sedation, an abaxial nerve block was performed on the right front leg using 60mg Mepivacaine 2% SQ per medial and lateral nerve branch. The right leg was clipped from the coronary band to mid-cannon bone. The surgery site was prepped and several attempts were made to perform the procedure while standing with the limb in flexed position for standing palmar digital neurectomy. Due to movement and hypersensitivity of the horse, the procedure was not able to be performed. The horse was sedated a second time with the following:
  - a. Detomidine 10mg/mL – 0.3mL IV; and
  - b. Butorphanol 10mg/mL – 0.2mL IV.
5. An additional attempt was made to perform the neurectomy standing but was not possible to intolerance of the horse. The horse was then anesthetized with the following and placed in dorsal recumbency:
  - a. Ketamine 100mg/mL – 10mLs IV; and
  - b. Diazepam 5mg/mL – 4mLs IV.
6. Respondent made a 3cm incision over the palmar lateral aspect of the second phalanx, the palmar digital nerve was isolated and transected. The medial palmar digital nerve was isolated and transected. The incisions were closed with skin staples and the leg was bandaged.
7. The horse was held in lateral recumbency until nystagmus was resolved. At that point, the

horse exploded, and despite assistance on the head, the horse landed in left lateral recumbency with the head hitting the ground with extreme force. The horse expired on impact.

8. Respondent contacted the horse owner to relay what had transpired. The tail was removed and the body was submitted for disposal per owner's request.

9. Complainant expressed concerns that Respondent failed to meet the standard of care required for this procedure resulting in the death of the horse. The procedure was not performed at a hospital setting as they were told and they did not sign consent for the horse to be anesthetized, as they were advised the procedure was low risk and would be performed with the horse standing.

10. Respondent responded that the client consented to having the procedure performed in a field setting to keep cost minimal, which is not unusual or below the standard of care. Furthermore, it was explained to the owner that procedure would be attempted standing, however, if not possible the procedure would be performed under injectable anesthesia. Anytime an animal is anesthetized, there are certain inherent risks. This was an unfortunate event and outcome not related to negligence. Respondent also relayed that signed anesthesia consent is not required for livestock.

### **COMMITTEE DISCUSSION:**

The Committee discussed this was an unfortunate event of a horse that died in the throes of recovery from a brief general anesthesia after an uneventful surgical procedure. Performing minor surgical procedures using sedation on a standing horse is common whether it's a nerve block, mass removal, castration or neurectomy. However, when that becomes problematic, sometimes brief injectable general anesthesia becomes necessary.

It is correct to characterize these procedures as low risk, but there is never no risk. Most horses recover uneventfully, however it is not uncommon for there to be thrashing during these times and is difficult to ensure safety of the animal and medical personnel.

The lack of authorization for general anesthesia does not apply as the Veterinary Practice Act excludes livestock from this requirement. Complainant's belief that the procedure was going to be performed at a hospital under general anesthesia was not supported by the oral and written testimony and Respondent's medical records.

### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the Veterinary Practice Act occurred.

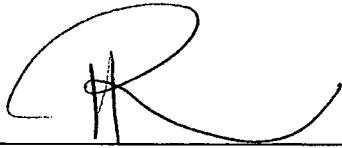
### **COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*

**Vote:** The motion was approved with a vote of 5 to 0.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*



Tracy A. Riendeau, CVT  
Investigative Division

Mar 8/69  
9 am

1/15 [1st] 1/20 [2nd] 1/25 [3rd] 1/30 [4th] 1/31 [5th] 2/1 [6th] 2/4 [7th] 2/7 [8th] 2/10 [9th] 2/13 [10th] 2/16 [11th] 2/19 [12th] 2/22 [13th] 2/25 [14th] 2/28 [15th] 3/3 [16th] 3/6 [17th] 3/9 [18th] 3/12 [19th] 3/15 [20th] 3/18 [21st] 3/21 [22nd] 3/24 [23rd] 3/27 [24th] 3/30 [25th] 4/2 [26th] 4/5 [27th] 4/8 [28th] 4/11 [29th] 4/14 [30th] 4/17 [31st] 4/20 [32nd] 4/23 [33rd] 4/26 [34th] 4/29 [35th] 5/2 [36th] 5/5 [37th] 5/8 [38th] 5/11 [39th] 5/14 [40th] 5/17 [41st] 5/20 [42nd] 5/23 [43rd] 5/26 [44th] 5/29 [45th] 5/30 [46th] 5/31 [47th] 6/1 [48th] 6/4 [49th] 6/7 [50th] 6/10 [51st] 6/13 [52nd] 6/16 [53rd] 6/19 [54th] 6/22 [55th] 6/25 [56th] 6/28 [57th] 6/30 [58th] 7/1 [59th] 7/4 [60th] 7/7 [61st] 7/10 [62nd] 7/13 [63rd] 7/16 [64th] 7/19 [65th] 7/22 [66th] 7/25 [67th] 7/28 [68th] 7/31 [69th] 8/1 [70th] 8/4 [71st] 8/7 [72nd] 8/10 [73rd] 8/13 [74th] 8/16 [75th] 8/19 [76th] 8/22 [77th] 8/25 [78th] 8/28 [79th] 8/31 [80th] 9/1 [81st] 9/4 [82nd] 9/7 [83rd] 9/10 [84th] 9/13 [85th] 9/16 [86th] 9/19 [87th] 9/22 [88th] 9/25 [89th] 9/28 [90th] 9/30 [91st] 10/1 [92nd] 10/4 [93rd] 10/7 [94th] 10/10 [95th] 10/13 [96th] 10/16 [97th] 10/19 [98th] 10/22 [99th] 10/25 [100th]